## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER	Lan	32	202	
FORMALITY REVIEW	int -	571	69/21/01	
RESPONSE FORMALITY REVIEW	- 4001		02/21/01	

## INDEX OF CLAIMS

•	Rejected	N	Non-elected
	Allowed		Interference
_	(Through numeral) Canceled		Appeal
÷	Restricted		Objected

÷	Hestricted	0	Objecte	d
Claim	Claim	Date	Claim	Date
Final	Final		Final	
	51		101	<del>┞┈╎┈╎╸╎┈╎╸</del> ┤
23/1	52		192	<del>┞┈╎┈╎╸╏╸╏╸╏╸</del> ╏
3 / -	53		108m	<del>                                     </del>
4 7 7	54		104	
	55		105	
	57		106	<del></del>
871,	58	<del>-   -   -   -   -   -  </del>	108	<del>                                     </del>
9 1/1/	59	<del>-                                    </del>	109	<del>┞╶╏┈╏┈╏┈╏</del> ┈╏
10 7 1	60		110	<del>                                     </del>
	61		111	<del>┞╶┩┈╏</del> ╼ <del>╏╸╏</del>
12 4	62		112	
13 // /	63		113	
15 13 1	64	<del>                                     </del>	114	
16 1/11	65		115	
	67	<del></del>	116	<del>┞┈┤┈╏┈╏</del>
18 11	68	<del></del>	118	<del></del>
19///	69		119	<del>▎▐</del> ▗┡ <del></del>
20 1/ 1/	70		120	<del>-   -   -   -   -   -   -   -   -   -  </del>
21 // //	71	<del>-             </del>	121	<del>-   -   -   -   -   -   -   -   -   -  </del>
22 /1 //	72		122	<del>┣╸┩┈┡═┩</del> ┈ <del>╏</del> ┈┩
23 / /	73		123	
24 //	74		124	
25 7 26 7	75	<del></del>	125	
27 7 7	76	<del>-                                     </del>	126	
28 1	78	<del>-               </del>	127	
29 7 7	79	<del>-   -   -   -   -  </del>	128	
30	80	<del></del>	130	
31	81	<del>-                                      </del>	131	
32	82		132	
33	83		133	
34	84		134	
35 36	85		135	
37	86		136	
38	88	<del></del>	137	
39	89	<del></del>	138	<del>-                                     </del>
40	90	<del>╶┤</del> ╌ <del>┨</del> ┤	139	<del></del>
41	91	<del>                                     </del>	141	<del></del>
42	92	<del>                                     </del>	142	<del>- - - - - - -</del>
43	93	<del>╶</del> ┼┼┼┼┼┤	143	<del></del>
44	94	<del>- - - - - </del>	144	<del>- - - - - - - -</del>
45	95		145	<del>- - - - - - - - - - - - - - - - - - - </del>
46	96		146	
47	97		147	
49	98		148	
50	99	╌┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼	149	
1301 1 1 1 1 1 1 1 1	100		150	

If more than 150 claims or 10 actions staple additional sheet here

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